## PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| APPLICATION NO. FI  |                                   | ILING DATE FIR      |              | ST NAMED INVENTOR  |   | R                      | ATTORNEY DOCKET NO. |                  |      | CONFIRMATION NO. |                   |  |
|---|-----------------------------------|---------------------|--------------|--|---|------------------------|---------------------|------------------|------|------------------|-------------------|--|
| 10/535,232 0  |                                   | 06/19/2006          |              | Young Min KIM  |   | Q115524                |                     |                  |      | 5643             |                   |  |
|   |                                   |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
| TITLE OF INVENTIO   | N: PROTEIN CO                     | OMPLEX USING        | AN IMMU      | JNOGLOBULI   | IN FRAC   | GMENT A                | ND METHOD FO        | OR THE PREI      | PAR  | ATION TH         | IEREOF            |  |
| APPLN. TYPE   | SMALL                             |                     |              | PUBLICATI  | ION   | N PREV. PAID ISSUE FEE |                     | TOTAL FEE(S) DUE |      | 3)               | DATE DUE          |  |
| 1412112   | ENTITY                            |                     |              | FEE  | .01   |                        |                     |                  |      | ,                | J.112 De2         |  |
| nonprovisional  | NO                                | O \$1510.00         |              | \$300.00   |   | \$0.00                 |                     | \$1,810.00       |      | •                | 04/19/2010        |  |
|   |                                   |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
| EXAMINER  |                                   |                     | ART UNIT     |  | CLASS-  | CLASS-SUBCLASS         |                     |                  |      |                  |                   |  |
| OUSPENSKI, ILIA I   |                                   |                     |              | 1644   |   | 530                    | -391900             | 900              |      |                  |                   |  |
| 1.01  | 1 11 '                            | 1' .' 000           |              | 27 CED 1 262   | 2.5   |                        | 1                   | 11               |      | 0.1              | AC DITC           |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1  |                                   |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |                                   |                     |              |  | orm (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2         |                        |                     |                  |      |                  |                   |  |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev   |                                   |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
| 03-02 or more recent) ATTACHED. Use of a Customer Number is required.   |                                   |                     |              |  | member a registered attorney or agent) and the anames of up to 2 registered patent attorneys or |                        |                     |                  |      |                  |                   |  |
|   |                                   |                     |              |  | agents. If no name is listed, no name will be   |                        |                     |                  |      |                  |                   |  |
| printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)   |                                   |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |                                   |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)   |                                   |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
| HANMI PHARM. CO., LTD Hwaseong-si, Republic of Korea  |                                   |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
|   |                                   |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
| Please check the approp   |                                   | tegory or categorie | es (will not |  |   | <u> </u>               |                     |                  |      |                  | <u> </u>          |  |
| 4a. The following fee(s) are submitted:   |                                   |                     |              | •  | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)         |                        |                     |                  |      |                  |                   |  |
| ☑ Issue Fee   |                                   |                     |              |  | ☐ A check is enclosed.  |                        |                     |                  |      |                  |                   |  |
| ☑ Publication Fee (No small entity discount permitted)  |                                   |                     |              | •  | Payment by credit card. Form 1310-2038 is attached.   |                        |                     |                  |      |                  |                   |  |
| Advance Order - # of Copies   |                                   |                     |              | ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880. |   |                        |                     |                  |      |                  |                   |  |
|   |                                   |                     |              |  | ☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No.       |                        |                     |                  |      |                  |                   |  |
| 7 Cl  | (6)                               | 1 1 1               |              | <u>19-4880</u> . F   | lease als   | so credit an           | y overpayments to   | o said Deposit   | Acc  | count.           |                   |  |
| <ul><li>5. Change in Entity Sta</li><li>□ a. Applicant claims</li></ul>   | *                                 | ,                   | D 1 27       | □ l. A1:   |   | . 1                    | aiming SMALL E      | NITITY et et e   | Can  | . 27 CED 1       | 27(~)(2)          |  |
| The Director of the US  |                                   |                     |              | * * *  |   |                        |                     |                  |      |                  |                   |  |
| NOTE: The Issue Fee   | =                                 |                     |              |  |   |                        |                     |                  |      |                  |                   |  |
| party in interest as show   |                                   |                     |              |  |   | ioi man me             | applicant, a regis  | iciou anoiney    | or a | gent, or the     | assignee of other |  |
| Authorized Signature  | Authorized Signature /Sunhee Lee/ |                     |              |  | Date  |                        |                     | April 15, 2010   |      |                  |                   |  |
| Typed or Printed Name   | ped or Printed Name Sunhee Lee    |                     |              |  | Registration No. 53,892   |                        |                     |                  |      |                  |                   |  |